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Docket No. 17171 CIP4DIV (AP)  
Application No. 09/685,828  
Notice of Allowance dated 3/22/04

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of  
Klein, et al.

Application No: 09/685,828

Filed: October 10, 2000

For: METHODS OF IDENTIFYING  
COMPOUNDS HAVING NUCLEAR  
RECEPTOR HORMONE AND/OR  
ANTAGONIST ACTIVITIES`

Group Art Unit: 1648

Examiner: Myron G. Hill

Confirmation No. 4591

Notice of Allowance dated  
March 22, 2004

**TRANSMITTAL LETTER ACCOMPANYING DECLARATION**

Mail Stop: ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

As required in the Notice of Allowance, Applicants submit herein a substitute Combined Declaration & Power of Attorney – U.S.A. Application”.

**PETITION UNDER 37 C.F.R. 147 (a)**

The following inventors could not be reached after diligent effort. Their last known addresses are listed with their names.

Elliot S. Klein, 20 Winton Farm Road, Connecticut, CA 06470

Alan T. Johnson, 17058 Iron Mountain Drive, Poway, CA 92064-6316

Andrew M. Standeven, 427 ½ Orchid Avenue, Corona del Mar, CA 92625

Remaining applicants hereby petition the Director that the requirement that these inventors sign the declaration be suspended or waived in accordance with 37 C.F.R 1.183. The following is submitted as evidence that diligent effort was made to reach the inventors.

1. Copies of the letters sent to inventors requesting that they sign the declaration (3 pgs).
2. Copies of Certified Mail receipts corresponding to the above letters (3 pgs).

The Commissioner is hereby authorized to charge the \$130 fee according to 37 CFR 1.17(h) as well as any fees that may be incurred as a result of this communication, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed for that purpose.

Respectfully submitted,



Dated: June 17, 2004  
Please address all correspondence to:  
Brent A. Johnson (T2-7H)  
Allergan, Inc.  
2525 Dupont Drive  
Irvine, CA 92612

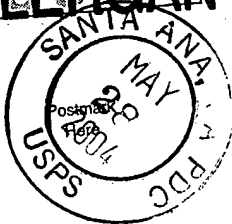
Brent A. Johnson  
Registration No. 51,851  
Agent of Record  
Telephone: 714.246.4348  
Facsimile No. 714.246.4249



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Mr. Alan T. Johnson  
17058 Iron Mountain Drive  
Poway, CA 92064-6316

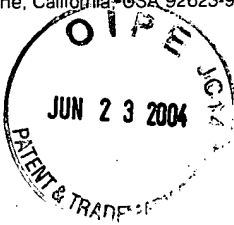
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2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Alan T. Johnson  
17058 Iron Mountain Drive  
Poway, CA 92064-6316

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
*Methods of Identifying Compounds Having Nuclear Receptor Negative  
Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Johnson:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

Brent A. Johnson, Ph.D.  
Patent Agent

BAJ/sb  
Encl.

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 Mr. Alan T. Johnson  
 17058 Iron Mountain Drive  
 Poway, CA 92064-6316



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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Alan T. Johnson  
 17058 Iron Mountain Drive  
 Poway, CA 92064-6316

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

**1. Service Type**

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
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**4. Restricted Delivery? (Extra Fee)** ☐ Yes ☒ No

2. Article Number (Copy from service label)

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3 Your Internal Billing Reference  
Your Internal Billing Reference

4 Sender's Name  
Sender's Name  
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2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



June 14, 2004

Certified Mail/ Return Receipt Requested

Mr. Andrew M. Standeven  
427 ½ Orchid Avenue  
Corona del Mar, CA 92625

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
*Methods of Identifying Compounds Having Nuclear Receptor Negative  
Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Standeven:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

A handwritten signature in black ink that reads "Brent A. Johnson".

Brent A. Johnson, Ph.D.  
Patent Agent

BAJ/sb  
Encl.



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Street, Apt. No.,  
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City, State, ZIP+4  
Mr. Andrew M. Standeven  
427 1/2 Orchid Avenue  
Corona del Mar, CA 92625

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Mr. Andrew M. Standeven  
427 1/2 Orchid Avenue  
Corona del Mar, CA 92625

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■ Attach this card to the back of the mailpiece, so that we can return the card to you.  
■ Print your name and address on the reverse item 4 if Restricted Delivery is desired.  
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C. Signature \_\_\_\_\_  
X \_\_\_\_\_  
D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:  
E. Service Type  
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☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No



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<b>Date</b>		<b>Sender's Name</b> Andrew M. Sender	
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<b>2 Your Internal Billing Reference</b> 2100100040			
<b>3 To</b>			
<b>Recipient's Name</b> Brent Johnson		<b>Phone</b> (714) 246-4753	
<b>Company</b> ALLERGAN SALES LLC		<b>Address</b> 18655 TELLER AVE	
<b>Address</b>		<b>City</b> CA	
<b>State</b>		<b>ZIP</b> 92612	
<b>4 Express Package Service</b>			
<input type="checkbox"/> FedEx Priority Overnight <input checked="" type="checkbox"/> FedEx Standard Overnight <input type="checkbox"/> FedEx First Overnight			
<input type="checkbox"/> FedEx 2Day <input type="checkbox"/> FedEx 2Day Freight <input type="checkbox"/> FedEx International			
<b>5 Special Handling</b>			
<input type="checkbox"/> SATURDAY Delivery <input type="checkbox"/> Signature Required <input type="checkbox"/> Insured <input type="checkbox"/> Fragile <input type="checkbox"/> Restricted <input type="checkbox"/> Hazardous <input type="checkbox"/> Other			
<b>6 Payment</b> Bill to Sender <input checked="" type="checkbox"/> Bill to Recipient <input type="checkbox"/> Bill to Third Party <input type="checkbox"/> Bill to Credit Card <input type="checkbox"/> Cash/Check			
<b>7 Release Signature</b> <input checked="" type="checkbox"/> Signature Required <input type="checkbox"/> Signature Not Required <input type="checkbox"/> Signature of Recipient <input type="checkbox"/> Signature of Third Party <input type="checkbox"/> Signature of Credit Card <input type="checkbox"/> Signature of Cash/Check			
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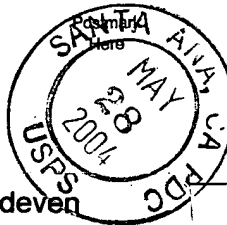
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Mr. Andrew M. Standeven  
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1840 Dehavilland Dr.  
Thousand Oaks, CA 92064-6316

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Andrew M. Standeven  
AMGEN  
Dehavilland Dr.  
Thousand Oaks, CA 92064-6316

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- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

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2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Andrew M. Standeven  
AMGEN  
1840 Dehavilland Dr.  
Thousand Oaks, CA 92064-6316

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
*Methods of Identifying Compounds Having Nuclear Receptor Negative  
Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Standeven:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

Brent A. Johnson, Ph.D.  
Patent Agent

BAJ/sb  
Encl.

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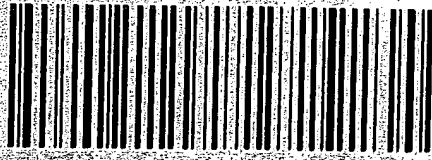
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- Attach this card to the back of the mailpiece, or on the front if space permits.

**Mr. Andrew M. Standeven  
AMGEN  
1840 Dehavilland Dr.  
Thousand Oaks, CA 92064-6316**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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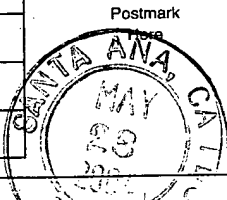
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**B. Johnson** **LEGAL PATENTS**

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Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11

Sent To: **Mr. Elliott S. Klein**  
20 Winton Farm Rd.  
Newtown, CT 06470

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

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**Mr. Elliott S. Klein**  
20 Winton Farm Rd.  
Newtown, CT 06470

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**LEGAL PATENTS**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) **Elliott Klein** B. Date of Delivery **6/12/04**

C. Signature **x** **Elliott Klein** ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

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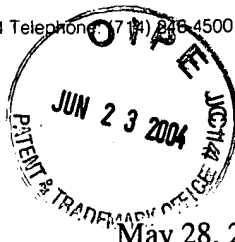
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2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Elliott S. Klein  
20 Winton Farm Rd.  
Newtown, CT 06470

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
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Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

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Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

A handwritten signature in black ink that reads "Brent A. Johnson".

Brent A. Johnson, Ph.D.  
Patent Agent

BAJ/sb  
Encl.



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20 Winton Farm Rd.  
Newtown, CT 06470

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or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See reverse for instructions



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Elliott S. Klein  
20 Winton Farm Rd.  
Newtown, CT 06470

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

**3. Service Type**

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

2. Article Number (Copy from service label)

7002 2410 0005 3400 3199

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OIPE JC14  
 JUN 23 2004  
 PATENT & TRADEMARK OFFICE

755

1000

**FedEx. USA Airbill** **Express** **8358 5691 4057**

1 From **Sender's address**

Date **Mr. Elliott S. Klein** Phone ( )  
 City **20 Winton Farm Rd**  
 Address **Newtown** State **CT** ZIP **06470**

2 Your Internal Billing Reference **2100100040**

3 To **S. Bartholomew** Phone (714) 246-4753

Company **ALLERGAN SALES LLC**

Address **18655 TELLER AVE**

City **IRVINE** State **CA** ZIP **92612**

Try online shipping at [fedex.com](http://fedex.com)

0225840915

756

1000

**FedEx. USA Airbill** **Express** **8358 5691 4068**

1 From **Sender's address**

Date **Mr. Andrew M. Standeven** Phone ( )  
 City **c/o ANGEN**  
 Address **1840 Dehavilland Dr.**  
 City **Thousand Oaks** State **CA** ZIP **92064-6316**

2 Your Internal Billing Reference **2100100040**

3 To **S. Bartholomew** Phone (714) 246-4753

Company **ALLERGAN SALES LLC**

Address **18655 TELLER AVE**

City **IRVINE** State **CA** ZIP **92612**

Try online shipping at [fedex.com](http://fedex.com)

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE.

**Sender's Copy**

1. Express Package Services

☐ FedEx Priority Overnight  
☐ FedEx 2Day  
☐ FedEx Standard Overnight  
☐ FedEx Overnight  
☐ FedEx Freight

2. Special Handling

☐ Fragile  
☐ High Value  
☐ Perishable  
☐ Other

3. Insurance

☐ No  
☐ Yes (Amount) \$

4. Payment

☐ Cash  
☐ Credit Card  
☐ Bill Me

5. Signature

☐ No  
☐ Yes (Signature)

6. Tracking

☐ Yes  
☐ No

7. Total Package Value \$ **0900-1170-7**

8. Release Signature

9. Total Package Weight **447**

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE.

**Sender's Copy**

1. Express Package Services

☐ FedEx Priority Overnight  
☐ FedEx 2Day  
☐ FedEx Standard Overnight  
☐ FedEx Overnight  
☐ FedEx Freight

2. Special Handling

☐ Fragile  
☐ High Value  
☐ Perishable  
☐ Other

3. Insurance

☐ No  
☐ Yes (Amount) \$

4. Payment

☐ Cash  
☐ Credit Card  
☐ Bill Me

5. Signature

☐ No  
☐ Yes (Signature)

6. Tracking

☐ Yes  
☐ No

7. Total Package Value \$ **0900-1170-7**

8. Release Signature

9. Total Package Weight **447**